

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	byist(s) Jack C	uinn			
II. Name of lob	byist's partnershi	p, firm or co	rporation, if any:		
	(Name of partnersh	ip, firm or cor	poration)		<u> </u>
1 Paddocks	Circle, Unit 1		Saratoga Springs	s NY	12866
Business Address:	(Street)		(Town/City)	(State)	(Zip Code)
618 338-4	083	()	e	Jack.Quir	nn@Sanofi.com
(Teleph	none)	` /.	(Fax)		
reportable expe	ense transactions v	which are no	separate reports for each cl t attributable to any one cli	ent).	
All reportable Sanofi US		irring in the i	months prior to the reporting of	date relative to th	e following client:
	(Full Name	of Client as it	appears on the Lobbyist Registra	tion Form)	
OR					
	e transactions by th particular client.	e lobbyist (ii	cluding the lobbyist's family), or the lobbying	; firm listed below which are
IV. Date of Rep	oort April 25, 2 activity from date of		•	25, 2018 n 4/1/18 to 6/30/18	
Reports cover.	October 3	` "		ary 30, 2019	
	activity from			m 10/1/18 to 12/31/	/18
If this box is che Concord, NH 03 VI. Check if ad	cked, complete just 3301. ditional reports a	t this form an	no reportable transaction of submit it to the Secretary o	f State's Office, S	tate House, Room 204,
		=	ires, you must file Addendu		
If you have Expense Reimbu	•	n or reimburs	ed expenses, you must file A	ddendum B– Re	port of Honorariums or
		ly has made j	political contributions, you m	ust file Addendu	m C-Political Contributions
I have read RSA	nt/Affirmation by 15, RSA 15-B, RS the best of my kno	SA 14-C and			
Signature of lo	•			20 10 101 (Dai	RECEIVED
Jack Quin	in				APR 12 2018
(Print Name of	lobbyist)				1 11 11

NEW HAMPSHIRE DEPARTMENT OF STATE